



Education

Instruction, Curriculum and Assessment Branch
Distance Learning Unit
555 Main Street, Winkler, MB R6W 1C4
T 204-325-1700 or 1-800-465-9915 F 204-325-1719
www.edu.gov.mb.ca/k12

NON-ATTENDING EXAMINATION REQUEST FORM

- Submit this form a minimum of 3 weeks before your exam date
- A minimum of 2 weeks is required after you write your exam to receive your Statement of Standing

Surname _____ Given Name _____

Address _____
(Street) (City) (Province) (Postal Code)

Telephone _____ Alternate Number _____

Course Name _____ Exam Requested Midterm Final

Exam Confirmation by Email? (for options 1 and 2 below)

- yes, email the confirmation to: _____
- no, please send the confirmation by mail to the address above

EXAMINATION SITTING LOCATION

Book early to avoid disappointment. Independent Study Option in Winkler and 1567 Dublin Avenue in Winnipeg have limited space and are booked on a first-come first-served basis. Some exams may require the use of a computer or audio devices. **Photo identification is required.**

Please indicate the location and time you wish to write:

1. Independent Study Option Office in Winkler.
8:30 AM _____ or 1:00 PM _____ Date? _____
Alternate date
8:30 AM _____ or 1:00 PM _____ Date? _____
2. In Winnipeg at 1567 Dublin Avenue on the **first** and **third** Tuesday of each month only.
1:00 PM _____ or 7:00 PM _____ Which Tuesday? _____
Alternate date
1:00 PM _____ or 7:00 PM _____ Which Tuesday? _____
3. School Institution
Name of School Institution _____ School Code _____

(Signature of Principal or Authorized Official)

(Date)

4. Other Location * Exam Proctor Name _____
* Exam Proctor must complete declaration form on reverse side.



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EXAMINATION PROCTOR DECLARATION

Surname _____ Given Name _____

Address _____

(City) (Province) (Postal Code)

Telephone _____ (Home) _____ (Work)

Occupation _____

I hereby declare that:

1. I meet the stipulations in accordance with the Independent Study Option examination policies, in that I am a teacher, retired teacher, college instructor, university professor, priest, minister or commissioner for oaths. (please circle one)
2. I agree to supervise the examination(s) for the student noted below and will maintain strict and adequate supervision throughout the examination sitting.
3. I will maintain adequate security and not duplicate the exam prior to or after the examination is completed.
4. I will retain the completed exam in my possession and will ensure that it is forwarded to the Distance Learning Unit within 24 hours. Reimbursement of postage expenses will be arranged with the student.

Please Note:

- a) No member of a student's immediate or extended family (parent, legal guardian, grandparent, brother, sister, uncle, aunt, sister-in-law, cousin, brother-in-law etc.), regardless of profession, may supervise an Independent Study Option (ISO) examination.
- b) Student's current/previous private tutors or ISO tutor/markers will not be approved to proctor ISO exams.
- c) Students residing outside the City of Winnipeg may request the services of a private proctor.
- d) Students living within the City of Winnipeg are normally expected to write their examinations at the ISO examination centre at 1567 Dublin Avenue.

Name of Student _____ Course _____

Signature of Exam Proctor _____ Date _____

Approval _____ Date _____
Independent Study Option Consultant